



CHILD'S NAME: Date:

HIGHLIGHTS - HEALTH AND WELLNESS

How did your child sleep last night? Woke up at:

Last Diaper Change at: Last bottle feeding/meal at:

Pick Up Information: Who: Time: Phone number for today is:

Medications to be given at the Center: NO.....YES Type? When?

Medications given at home: Time: Type:

New illness symptoms, bumps, or bruises:


Was sunscreen applied today?YES.....NO

Parent Notes for Teachers:

.....

.....


The World at Their Fingertips Curriculum - Great Places for Babies




ART SMART




LANGUAGE WORKS/LITERACY



MATH COUNTS



UNDER CONSTRUCTION



SCIENCE ROCKS/SENSORY PLAY



OUR WORLD/OUTDOOR PLAY

Highlight(s) and new discoveries of my day:



MOVEMENT MATTERS

Additional Comments/Nurse's Notes: _____

Teacher's signature: _____

CHILD'S NAME.....

Bright Horizons: Infant Daily Experience Sheet

My Mood Today was:	<u>Items I need at the Center:</u>	<u>Formula is:</u>
AM	Diapers..... Wipes.....	Half full
PM	Diaper Cream/Ointment.....	Less than half full
	Clothes..... Bottle Liners.....	Emergency! No more
	Food..... Cereal.....	formula.
	Formula..... Water.....	
	Other.....	

BOTTLE FEEDINGS: (Circle type)

Initials:	Time feeding began:	Amount Consumed:	Refused? Yes or No	Type:
				F M W BRM OTHER
				F M W BRM OTHER
				F M W BRM OTHER
				F M W BRM OTHER
				F M W BRM OTHER
				F M W BRM OTHER
				F M W BRM OTHER

Time	Initials	Diapering	Applied Cream	Changed Clothes	At Rest Time:
.....	WET BM	.....Yes.....No	.....Yes.....No	I slept / rested quietly:
.....	WET BM	.....Yes.....No	.....Yes.....No	From To.....
.....	WET BM	.....Yes.....No	.....Yes.....No	From To.....
.....	WET BM	.....Yes.....No	.....Yes.....No	From To.....
.....	WET BM	.....Yes.....No	.....Yes.....No	I brushed my teeth today:
.....	WET BM	.....Yes.....No	.....Yes.....No	.....YES.....No
.....	WET BM	.....Yes.....No	.....Yes.....No	My teachers applied sunscreen:
					.....AM.....PM

MEALS:

Initials Time Ate All Ate Most Ate Some Not interested

Breakfast:						
A.M. Snack:						
Lunch:						
P.M. Snack						
Extra Meal:						

